

2001 UNIFORM BUSINESS REPORT (UBR)

0000927 AF

DOCUMENT # L97000000693

1. Entity Name
THE AMERICAN EXPORTS ENTERPRISE, L.C.

Principal Place of Business
1233 N. VENETIAN WAY
MIAMI FL 33139

Mailing Address
1233 N. VENETIAN WAY
MIAMI FL 33139

APPROVED
AND
FILED
01 FEB -2 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0770006

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL REGISTERED AGENTS, INC.
501 BRICKELL KEY DRIVE, SUITE 602
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR DE BEAUREPAIRE, THIERRY
STREET ADDRESS 1233 N. VENETIAN WAY
CITY-ST-ZIP MIAMI FL 33139 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003662788-0
CITY-ST-ZIP -02/09/01-01012-011
*****50.00 *****50.00

TITLE NAME MGR DE BEAUREPAIRE, KAREEN
STREET ADDRESS 1233 N. VENETIAN WAY
CITY-ST-ZIP MIAMI FL 33139 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003662782-4
CITY-ST-ZIP -02/09/01-01012-012
*****55.00 *****55.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/20/01

Date

305 375 0508

Daytime Phone #

CR2E083 (11/00)